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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20158

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2512

1. PLACE OF DEATH:

(a) County ~~Ray~~ Jackson

(b) City or town ~~Rural~~ Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Weeks (Specify whether years, months or days)
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Rural Orrick 0 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BEN BLAIR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, ~~married~~, divorced ~~married~~

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 17 (Day) 1880 (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William T. Blair
13. Birthplace Herman (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Latitice Timberlake
15. Birthplace New Florence (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George Blair
(b) Address Orrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation South Point

18. (a) Signature of funeral director B W Good
(b) Address Orrick Mo

19. (a) 6-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 30, 1946 to June 5, 1946 that I last saw him alive on June 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic Cancer	Indefinite
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 47C	
Major findings: Of operations —	
Of autopsy Bronchogenic Cancer	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Camden, Mo.
While at work? (Specify type of place) (e) Means of injury 0

23. Signature N Johnstone M.D. (M. D. or other)
Address 1110 Bryant Bldg Date signed June 6, 1946

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Self, Registered Apprentice No. ....., working under my personal supervision.

Signed Victor E. Irminger

Licensed Embalmer No. 2896

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.